

Brain Injury Services in Indiana



Bringing Hoosiers Home

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Task Force Members



Executive Summary

What is the problem?

Patients and their families are not being well served:

- Enter into a fragmented system of services
- The current Level of Care eligibility does not cover the cost of neurobehavioral treatments
- Lack of coordinated resource facilitation services to improve vocational outcomes

As a result, many patients are:

- Sent out of state to receive services
- End up in other state facilities
- Unnecessarily lose their jobs/remain unemployed
- Not served at all



Executive Summary-cont.

What are the solutions?

1. Create a new licensure category that provides for a residential neurobehavioral “Level of Care” (LOC)
2. Modify an existing/create a new waiver that includes neurobehavioral services
3. Invest in resource facilitation services
4. Ensure quality, coordination and cost effectiveness through an oversight committee



Why This is Important: Indiana and Brain Injury (ISDH 2007)

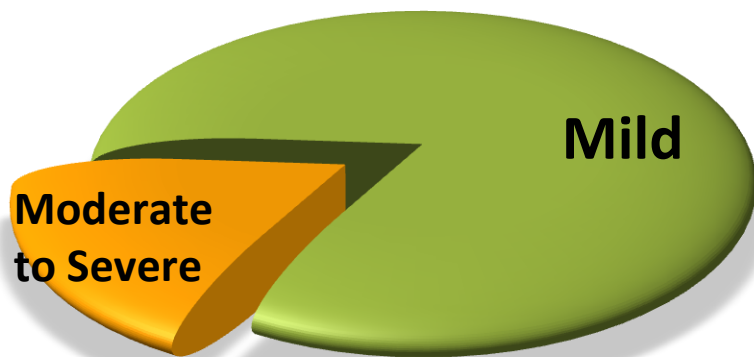
- 1,167 deaths/yr due to BI
- Annual ED visits=21,312, \$39.7m (mild TBI)
- Annual inpatient admissions=4,587, \$140.7m (moderate to severe BI)
- *Underestimated due to the lack of an Indiana trauma registry system*



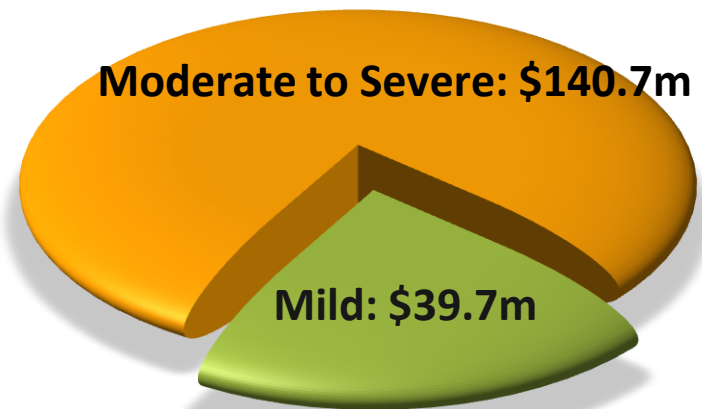
Averaged over 2003-05

Brain Injury in Indiana: ISDH 2007

Incidence



Total Charges*



*Total charges due to TBI patients admitted to the hospital; 36% had Medicare/Medicaid

Averaged over 2003-05

Level of Care (LOC): Nursing Facility

- Must have deficits in at least three activities of daily living (ADL):

- Personal hygiene
- Dressing/undressing
- Self-feeding
- Functional transfers
- Toileting
- Mobility

Yet many patients have significant cognitive deficits such as neurobehavioral and memory impairments that include:

- agitation
- aggression
- impulsivity
- impaired judgment
- severe mood swings

Not captured in the NF eligibility ADLs

Level of Care (LOC):

Neurobehavioral Facility

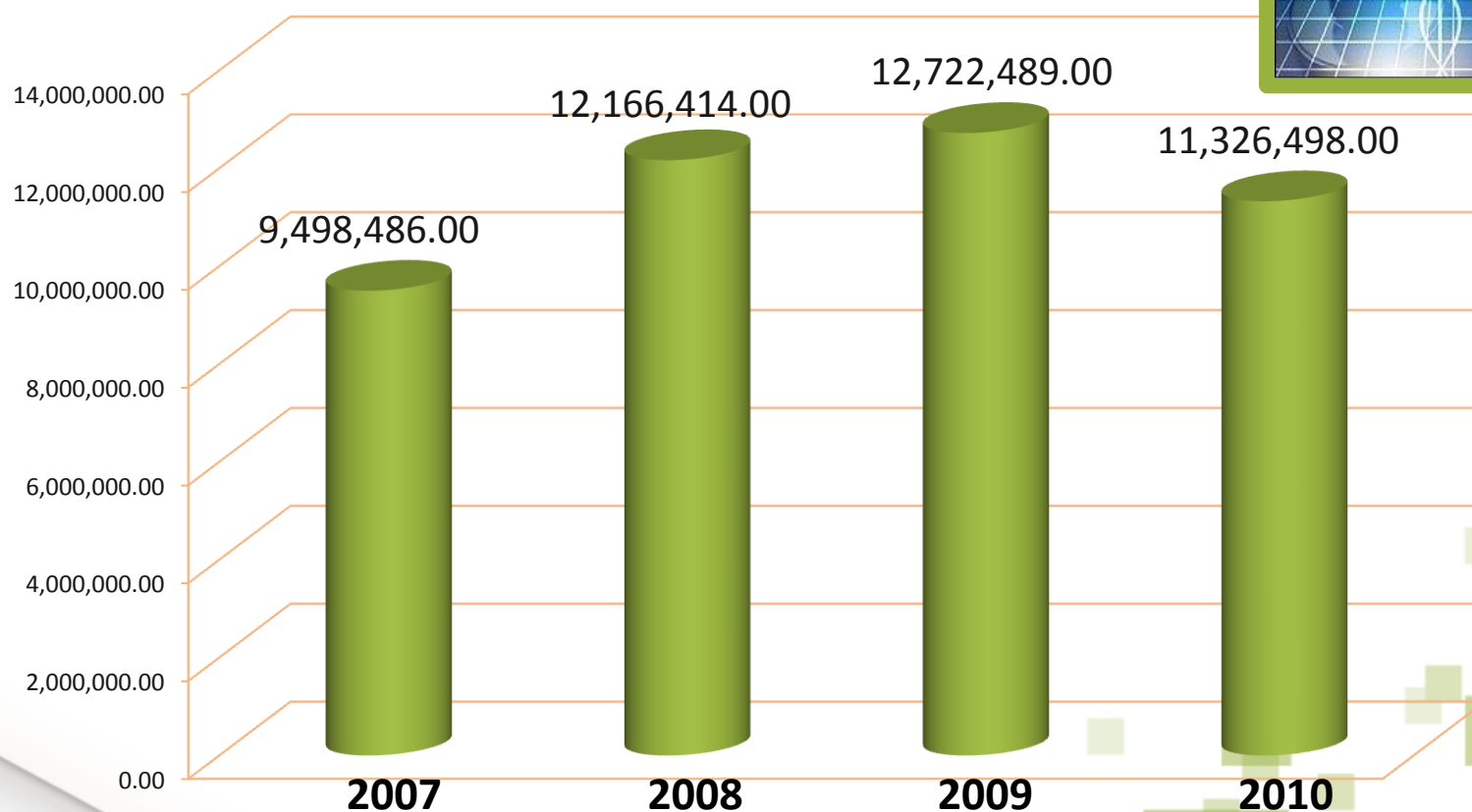
- To provide adequate treatment and services for brain injury patients which may include additional therapies or interventions beyond those available in a NF.

- Specifically neurobehavioral treatment protocols which would lead to successful rehabilitation/reintegration rates

Adequate treatment of Brain Injury requires more than approx. \$155/day as defined by NF LOC

Results in patients not receiving the treatment they need or: *are sent out of state to receive services we currently do not provide*

Total Payment to BI Facilities Outside Indiana: Casanova, P and Laird, F.



Additional Challenges: Out-of-State Placements

Lack of continuity of medical management pre, during, and post rehabilitation

Neurobehavioral impairments typically re-emerge

Disrupts continuity and consistency of care

Out-of-state placement limits transition planning and family interaction

Thwarts access to state agency services (e.g. vocational rehabilitation, “money follows the person”)

Removes patients from family and natural supports

Reintegration back into system of care, providers and family difficult

Lack of waiver funds delay discharge

Indiana's Current Residential Care Options for Neurobehavioral Disorders

- ~~1. Nursing Facilities~~
- ~~2. Medicaid Waivers~~
 - Developmental Disability Waivers (under age 22)
 - ~~Traumatic Brain Injury Waiver~~
 - ~~Aged and Disabled Waiver~~
- ~~3. Out of state neurobehavioral Medicaid placements~~
- ~~4. Alternative institutions State hospital; Incarceration; homelessness (i.e. It costs an avg of \$54.28/day for adult inmate in Indiana or approx. \$20,000/yr.)~~



SO WHAT CAN WE DO?

Identifying Three Critical Priorities





1. Returning Hoosiers Home

Request DOH to establish a NEW Residential LOC; modify/create TBI waiver based on neurobehavioral standard

2. Coordinating systems of care/returning Hoosiers to Work

Invest in Resource Facilitation Services

3. Ensuring Quality & Coordination

Establish an Oversight Committee

Priority 1: *Establish Neurobehavioral Residential Services in Indiana*

1. DOH create facility licensure to include:
 - Menu of clinical treatment and therapies
 - Level of care assessment
 - Accreditation requirements
2. Modify existing BI Medicaid Waiver to:
 - Provide “Neurobehavioral Facility” LOC with equal cost comparison
 - Establish reimbursement rate

States Using Neurobehavioral Level of Care:

Hendrickson & Blume, 2008

State	Level of Care
CT	Chronic Disease Hospital Acquired Brain Injury Facility
KS	TBI Rehabilitation Hospital
MN	Neurobehavioral Hospital
PA	Specialized Rehabilitation Nursing Facility
WI	Inpatient Traumatic Brain Injury Rehabilitation

Priority 2: *Invest in Resource Facilitation Services*

Partnership that helps the client navigate the complex system of services and resources

Resource Facilitation (RF):

- “Systems-free” case management (e.g., medical, state, community agencies) for public/private resources
- Specialized in brain injury
- Proactive
- Promotes access to natural & purchased resources
- Supports person with brain injury & their family



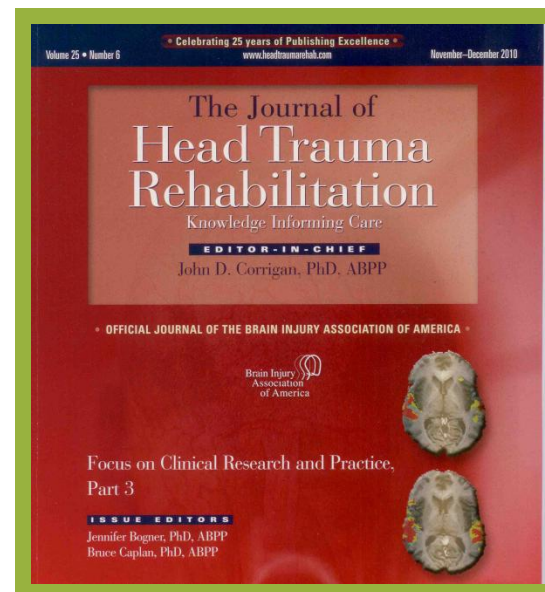
Demonstrated Success:

(Trexler et al, 2010)

- With Resource Facilitation 64% were able to return to work versus 36% in the control group
- Resource Facilitation subjects were found to be significantly more independent at home and in the community



2010 "IMPACTING
SYSTEMS CHANGE AWARD"



Economic Impact

If 64% of Individuals with BI in Indiana returned to work:

- Approx. 1,003 BI survivors would return to work each year
- Avoid approx. \$31m annually in lost wages
- Prevent annual losses \$10m from business tax; \$4.8m from personal tax revenues



Cost : \$1,000/patient

Priority 3: *Establish Oversight Committee to Ensure Cost Effectiveness, Coordination & Quality*



- Establish Indiana State Plan for Brain Injury to coordinate services across agencies and provider sectors
- Set facility and provider standards
- Monitor outcomes, quality and cost effectiveness
- Review and disseminate best practices
- Recommend minimum training requirements
- Advise and inform the administration and General Assembly on brain Injury issues

Thank you!

.....QUESTIONS?





BRAIN INJURY ASSOCIATION OF INDIANA

...dedicated to reducing the incidence and impact of brain injury through education, advocacy, support, prevention and by facilitating inter-agency commitment and collaboration.

